



City of Bellevue Parks & Community Services Department
Child Information Form/Disaster Release Form

CHILD'S NAME:

Last

First

Age

ALLERGIES: YES [ ] NO [ ] Explain: \_\_\_\_\_

Other Medical, Behavioral and/or Family issues:

Please list any medical, behavioral and/or family circumstances we should be aware of so that we can better care for your child. \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home

Telephone: \_\_\_\_\_ Work

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home

Telephone: \_\_\_\_\_ Work

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume any and all risks, including risk of injury or death, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above on behalf of myself and/or my child(ren):

Signature \_\_\_\_\_

Date \_\_\_\_\_

Over

**FIELD TRIP PERMISSION SLIP- When Applicable**

I hereby give my permission for my child to attend all field trips. I understand that transportation will be provided by Bellevue School District buses, City of Bellevue vehicles, or charter buses.

**SUNSCREEN AUTHORIZATION**

I give my permission to City of Bellevue staff to apply sunscreen to my child, which may be applied as a lotion, spray-on, roll-on, or towelette. I further agree not to hold the City of Bellevue, its officials, employees, or agents liable for any injuries or damage caused by an adverse reaction my child may have to the application of sunscreen.

**CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR**

I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a health care provider or hospital for my child if I cannot be reached in case of an emergency. My consent includes, but is not limited to, administration of anesthetics, medical treatment, tests, or x-ray examinations, transfusions, injections or drugs and the performing of whatever diagnostic procedures and/or surgical operations may be deemed necessary or advisable. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing, with notice to the treating physician and hospital.

**SWIMMING ABILITY:** None  Beginner  Intermediate  Advanced

**By Signing Below, I agree to the Field Trip, Sunscreen Authorization, and Consent to Medical Care and Treatment of Minor listed above:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**EMERGENCY CONTACT/AUTHORIZED ALTERNATE PICK-UP PEOPLE**

Persons, other than parents, allowed to pick up your child. I hereby give my permission for my child(ren) to be picked up, or contacted, by the following people :

	Contact Name	Cell Phone	Work Phone	Home Phone
1				
2				
3				

In the event of an emergency, registered participants under the age of 18 will not be allowed to walk home unattended or leave the program, class or activity with non-authorized adults. Authorization for releasing a participant must be made in writing by a parent or legal guardian.

Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Contact Name	Relationship to child	Cell Phone	Work Phone

**For City Use Only-Catastrophic Event Release Information**

The participant was released to: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) (PM) Destination: \_\_\_\_\_

Photo identification: \_\_\_\_\_

Signature of Parent, Guardian or Authorized Designee: \_\_\_\_\_

Permission to release given by: \_\_\_\_\_ Relationship to family: \_\_\_\_\_

Relayed in what form: phone, fax, email, other: \_\_\_\_\_(document conversation)